

No. 1850

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

## Health Department, City of Baltimore.

Permit No. 1850 Office of Registrar of Vital Statistics.Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

Supposed to be July 28 1887

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Louis Schiettruff

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

7 Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

Baltimore City

Duration of Residence in the City of Baltimore,

Lifetime

Place of Death,

{ Give Street and Number. }

Chorus Mill (Rolling)

Cause of Death,

{ First (Primary) }

Accidentally fell in a pit in the

{ Second (Immediate) }

Drawing

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

St Peters

Date of Burial,

July 31 1887

{ Undertaker,

HanderE. A. Puth

M. D.

{ Place of Business,

4103 N. Broadway4103 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]







# Health Department, City of Baltimore.

Permit No. 1852 Office of Registrar of Vital Statistics. Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, July 28<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } George W. Mathews

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 50 Years,  Months,  Days.

Color, Black

Married, Single, Widowed or Widower, { Cross out the words not required in this line. } Single

Occupation, Head Carver

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Harford Co Md

Duration of Residence in the City of Baltimore, 25 years

Place of Death, { Give Street and Number. } Carlton Street #7

Cause of Death, { First (Primary), Second (Immediate), } Pleurisy  
asthenia

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, July 31<sup>st</sup> 1887

{ Undertaker, H. H. Burgess L. G. Sparrow M. D. Medical Attendant.

{ Place of Business, 150 East St Address, #104 N. Mount St Corner

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



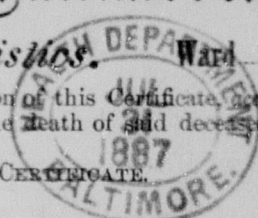
The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 1853 Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



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## CERTIFICATE OF DEATH.

Date of Death, July 28th - 1887

Full Name of Deceased, Wm. Bell { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 12 Years, 7 Months,    Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,   

Birth Place, Baltimore { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, No. 518 Broadway Court { Give Street and Number. }

Cause of Death, Marasmus { First (Primary), Second (Immediate). }

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 31st 1887

Undertaker, W. W. Madden Wm. L. Russell M. D.

Medical Attendant.

Place of Business, No 6 East St Address, 800 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



# Health Department, City of Baltimore.

Permit No. 1857 Office of Registrar of Vital Statistics. Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, July 30 1889

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry G. Heff (Hess)

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 33 Years, Months, Days.

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Broom-Maker

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 5 years

Place of Death, { Give Street and Number. } 1634 Clarkson St.

Cause of Death, { First (Primary), Second (Immediate), } Over-heating

Duration of Last Sickness, 4 hours

All the above information should be furnished by the Physician.

Place of Burial, Beader Gill Co

Date of Burial, Aug 1

Undertaker, B. Glaser

Place of Business, 115 West St

O. A. Cooke M. D.

Medical Attendant.

Address, 104 Fort Ad

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 1853 Office of Registrar of Vital Statistics. Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.  
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, July 30, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Alveta Small

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, One Years, eleven Months,  Days

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. } ✓

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, all her life

Place of Death, { Give Street and Number. } 1213 Parish Alley

Cause of Death, { First (Primary), Second (Immediate), } acute Bronchitis  
Asthma

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, July 31, 1887 Charles Phipps M. D.

{ Undertaker,  Wm. Phipps Medical Attendant.

{ Place of Business,  210 Mulberry Address 603 N. Charles St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]



# Health Department, City of Baltimore.

Permit No. 1856 Office of Registrar of Vital Statistics.

Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, July 29 1889

Full Name of Deceased, Robert Ferensulo

Sex, Male or Female, Male

Age, 10 Years, 10 Months, 10 Days

Color, Colored

Married, Single, Widow or Widower, Single

Occupation, Balto

Birth Place, See of life

Duration of Residence in the City of Baltimore, 537 China St.

Place of Death, Cholera Infantum

Cause of Death, Stomach

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Sharps

Date of Burial, July 31 1889

Undertaker, W. B. Roese

Place of Business, 514 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER]



# Board of Health, City of Baltimore,

Permit No. A 1857  OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE. B

## CERTIFICATE OF DEATH.

Date of Death, July 30th 1887  
 Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Pearl E. Hartzell  
 Sex, Male or Female, { Cross out the word not required in this line. }  
 Age, One Years, Eight Months,    Days.  
 Color, White Sex,     
 Married, Single, Widow or Widower, { Cross out the words not required in this line. }  
 Occupation,     
 Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore Md.  
 Duration of Residence in the City of Baltimore, Whole life  
 Place of Death, { Give street and number. } 515 S Patterson Park Aven.  
 Cause of Death, { First (Primary,) Dentition  
 { Second (Immediate,) Copvulsions  
 Duration of Last Sickness, 3 1/2 hours with "

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery W. R. Way M. D.  
 Date of Burial, Aug 1st 1887 Medical Attendant.  
 { Undertaker, Am S. Fay Address 414 S Patten Park A  
 { Place of Business, 301 W Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]



# Health Department, City of Baltimore.

Permit No.

1858

Office of Registrar of Vital Statistics.

Ward

19<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

July 30, 1887

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Milton Ritter

Sex, Male or Female,

Cross out the word not required in this line.

Age,

one

Years,

2

Months, --

Days.

Color,

White

Married, Single, Widow or Widower,

Cross out the words not required in this line.

✓

Occupation,

Birth Place,

State or country, and how long in the United States, if of foreign birth.

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death,

Give Street and Number.

1310 Edmondson Ave

Cause of Death,

First (Primary),

Second (Immediate),

General ill health with twitching convulsions

Duration of Last Sickness,

about a week

All the above information should be furnished by the Physician.

Place of Burial,

Randalltown, Baltimore

Date of Burial,

Aug 1<sup>st</sup> 1887

E. W. Free

M. D.

Medical Attendant.

Undertaker,

J. E. Longstreet

Place of Business,

1408 Lemmon Ave

Address, 603 N. Carey St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



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# Health Department, City of Baltimore.

Permit No.

Office of Registrar of Vital Statistics.

Ward

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, July 31 1887

Full Name of Deceased, Write legibly and spell correctly. If an Infant not named, give names of parents. Raymond Campbell

Sex, Male or Female, Cross out the word not required in this line. Male

Age, Years, 10 Months, 10 Days.

Color, White

Married, Single, Widow or Widower, Cross out the words not required in this line. Single

Occupation, None

Birth Place, State or country, and how long in the United States, if of foreign birth. Oxford Baltimore Co Md

Duration of Residence in the City of Baltimore, 7 Mo

Place of Death, Give Street and Number. 1136 Whitcomb St

Cause of Death, First (Primary), Dentition Second (Immediate), Convulsions

Duration of Last Sickness, Three Days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Aug 1<sup>st</sup> 1887

Undertaker, J. E. Spangher

Place of Business, 1408 Benning Avenue Address, 1320 N. E. Street

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]